



# Quarterly Progress Report No.2

## Quarter Two, FY 2011

### January—March 2011

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**MATERNAL AND CHILD HEALTH INTEGRATED PROGRAM**

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## MCHIP OVERVIEW

### Background

The Maternal and Child Health Integrated Program (MCHIP) in Indonesia is a USAID-funded, three year program that will run from January 2010 to December 2012, with a budget level of USD 9.8 million. This program is being implemented by Jhpiego, in collaboration with Save the Children (SC) and John Snow Inc. (JSI). The goal of the program is to increase the coverage of integrated services in the community and facilities by:

- Ensuring that integrated MNH services are functioning effectively and efficiently from household to hospital *by*
- Improving community practices, quality of services, and management of district health services

In support of the MOH Road Map to the 2015 MDGs, MCHIP/Indonesia is being implemented in three districts that are classified as “Health Problem Areas”: Serang District in Banten Province; Kutai Timur District in East Kalimantan Province; and Bireun District in Aceh province. All districts have areas that are considered “remote”. JSI is leading the activities in Serang; Jhpiego in Kutai Timur, and Save the Children in Bireun. To achieve the program goals, MCHIP inputs are contributing to three sub-objectives:

1. Improve maternal and newborn care in the community
2. Improve quality of clinical services at all levels of care
3. Improve management of district health system

## QUARTER 2 RESULTS

### Major accomplishments

- Thirty-three local decrees (*Perdes*) established in 5 subdistricts in Serang, contributing to sustainability of MCHIP interventions.
- Mother’s group materials from MOH revised to focus on key practices using a more interactive teaching methodology
- Mother’s groups scaled up by District Health Offices to additional 3 districts and 14 subdistricts
- Three private-public partnerships established, contributing to program scale up
- Maternal health and child health departments in MOH agree to single integrated schedule for postnatal visits of mothers and newborns.
- Community case management (CCM) and kangaroo mother care (KMC) training materials developed and approved for use in two MCHIP districts; CCM and KMC introduced to midwives and community health workers (kaders) in one district
- National Handwashing Alliance agreed that handwashing for newborn survival will be a key focus of the 2011 National Handwashing Day.
- 40% increase in number of births occurring in MCHIP facilities since Quarter 1
- Community health centers in each district reported managed basic obstetric complications instead of referring women to the hospital

- Compliance with performance standards at hospital in Kutai Timur increased from 51% at baseline to 68% during the second assessment
- Evidence-based planning process for 2012 budgets initiated in 3 districts, including community, health center, and multi-stakeholder involvement.

## Narrative description

### Sub-objective 1: Improve Maternal and Newborn Care Practices in the Community

***Mother's classes (Kelas Ibu).*** In order to promote selected key practices at the household level, MCHIP is providing inputs to community health centers (puskesmas) in each subdistrict to initiate or improve Kelas Ibu. MCHIP identified a need to improve the methodology and content of the MOH Kelas Ibu materials and revised the materials accordingly in Quarter 2. The classes were initiated in MCHIP subdistricts and were quickly replicated in 1 additional subdistricts in Bireun by the District Health Office. They have also been replicated in Penajam Pasar (East Kalimantan), Bener Meriah (Aceh), and Bojonegoro (East Java) through support of ExxonMobil, Chevron, and Green.

***Public-private partnerships.*** In Quarter 2, three private-public partnerships were established to scale up community interventions. MCHIP established a collaborative partnership with Unilever for a formative study of handwashing practices amongst mothers with newborns. Unilever and MCHIP are cost-sharing and co-conducting the study in Serang. Results will be used to design key messages for mothers and caregivers. Pfizer contributed funds to re-print UNICEF posters promoting early initiation of breastfeeding that were distributed to all health facilities in the MCHIP target areas. MCHIP partner Jhpiego secured funding from Chevron to implement MCHIP community interventions in two districts (Penajam Pasar in East Kalimantan, and Minas District in Riau Province).

***CCM and KMC.*** In Quarter 2, CCM and KMC materials were finalized and approved for initial implementation in two districts. In Bireun District, midwives and kaders were trained using those materials. The role of the kader will be to identify sick newborns and children, while the village midwife will provide treatment and determine a need for further referral to the puskesmas or hospital.

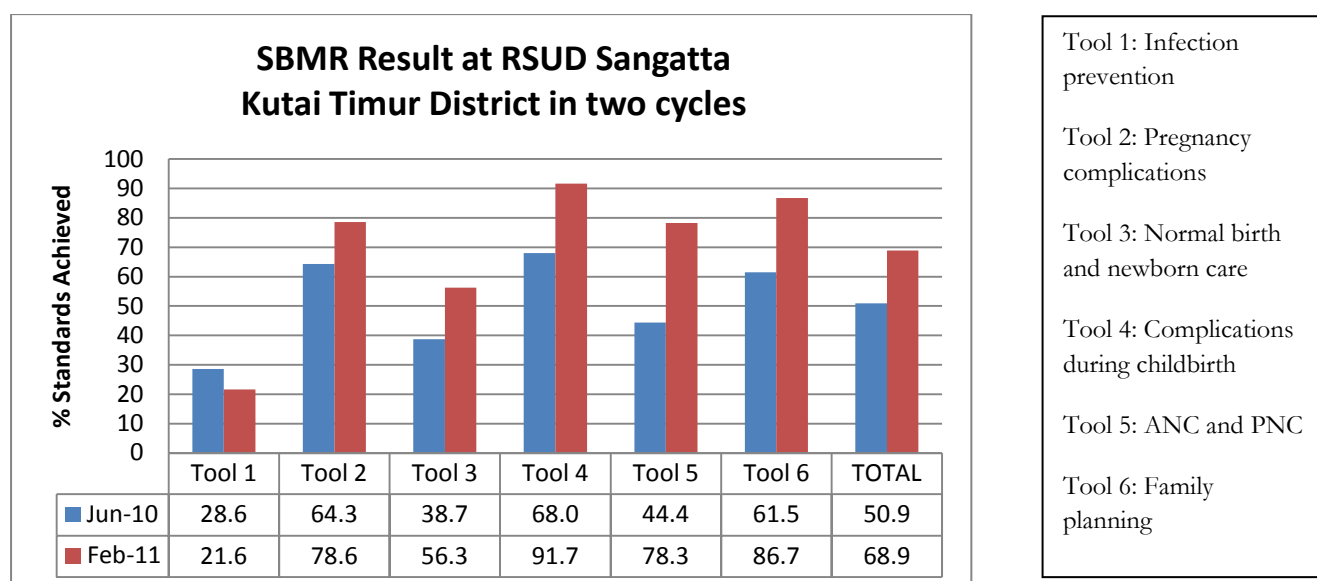
***Integrated postnatal care.*** For the past 6 months, MCHIP has made efforts to achieve consensus on a single schedule for integrated postnatal visits. While the Child Health Directorate has been very supportive, the Maternal Health Directorate has not agreed to a schedule that includes two postnatal visits in the first week of life. During this quarter, both directorates have now agreed on a common schedule, and discussions surrounding implementation are continuing.

***Handwashing for newborn survival.*** For several years, the National Handwashing Day in Indonesia has targeted school children. As a result of MCHIP participation in the National Handwashing Alliance, the alliance has agreed that handwashing for newborn survival will be a key focus of the 2011 National Handwashing Day campaigns.

### Sub-objective 2: Improve quality of clinical services at all levels of care

***Improved provider competency.*** Following MCHIP inputs of on-the-job mentoring and infection prevention training, RSUD Sangatta experienced an increase in compliance with the performance standards from 50.9% to 68% between Quarters 1 and 2 (see figure below). The

puskesmas in MCHIP areas also noted a 40% increase in the numbers of births at facilities, and 16 puskesmas in managed at least one complication this quarter.



**Improved systems for quality assurance.** As the MCHIP program expanded into new subdistricts during Quarter 2, the use of performance standards (SBMR) was introduced to additional puskesmas and bidan di desa. Results from the baseline assessments are included in Appendix 2.

Under sub-objective 2, there have been 766 people trained (110 male, 656 female) in total for the period of July 2010 to March 2011. The people trained for eight types of trainings: APN training, IP training, KMC training, lactation management training, learning organization training, PONEND training, training evaluator for the effect of intervention quality on MNCH services and OJM for health provider.

### Sub-objective 3: Improve Management of the District Health System

**Establish evidence-based planning.** Under Sub-Objective 3, MNCH teams have been established at subdistrict and district level. With technical support from MCHIP, these teams used the DTPS process this quarter to create MNCH plans and budgets. The planning process began with village-level planning, followed by planning in each puskesmas. This planning was then translated into the DTPS workshop in each district to prepare the district annual plan and budget.

**Institutionalized commitment for MNCH.** In quarter two, thirty-three local decrees (*Perdes*) were established in 5 subdistricts in Serang, contributing to sustainability of MCHIP interventions. The planning teams will work together to monitor the local government decision-making process to ensure MNCH is captured in local budgets and that all potential MNCH policy issues are followed up and supported

### PLANS FOR NEXT QUARTER (APRIL 1—JUNE 30, 2011)

- Per the request of USAID, the MCHIP workplan has been revised to add an additional sub-objective regarding scaling up of high impact, life-saving interventions. The third

quarter will focus on preparing for scale up, including meeting with provincial health authorities in each province and seeking private partners to support a mini-university activity.

- Submission of DTPS proposal and budget by the planning team to Bappeda to allocate the amount requested for MNCH programs. A sub-set of the planning team will serve on the MNCH advocacy team to advocate for the funds.
- Continued dialogue on strategies for skilled attendance and facility-based birth.
- Formulation of key messages for handwashing, based on results of formative study.
- Introduction of CCM and KMC to kaders and midwives in Kutai Timur
- Finalization of PNC job aid
- Continuation of on-the-job mentoring to continue to pursue improved compliance with performance standards
- Formulation of *Perdes* around MNCH and midwife-TBA partnerships in 3 districts
- Planning for visit of USAID/Washington Mid-Term Evaluation team

## Appendix 1:

### Progress toward MCHIP Indicators

#### Progress toward MCHIP general indicators

No	Indicator	Target 2012	Achievement Jan-Mar 2011	Proportion
<b>General MNCH Indicator</b>				
I	Number of deliveries with a skilled birth attendant in MCHIP program area	TBD	1,865	TBD
II	Number of newborns who receive postnatal visits during the first week of life	TBD	1,882	TBD
III	Number of women who receive postnatal visits during the first week of life	TBD	2,158	TBD
IV	Number of people trained in maternal/newborn care through USG supported programs (detail provided below)	TBD	1,538	TBD

No	Training	Bireun			Kutai Timur			Serang			All Districts		
		Total	M	F	Total	M	F	Total	M	F	Total	M	F
	<b>SO 1: Improved Maternal and Newborn Care Services and Practices at the Community Level</b>	154	0	154	89	34	55	201	5	196	444	39	405
	<b>SO 2: Improved Quality of Clinical Services at all Levels of Care</b>	277	37	240	181	42	139	308	31	277	766	110	656
	<b>SO 3: Improved Management of the District Health System</b>	154	50	104	90	44	46	84	34	50	328	128	200
	<b>TOTAL</b>	585	87	498	360	120	240	593	70	523	1,538	277	1,261

Total people trained as per March 2011 are 1,538 people (277 male, 1,261 female). Trainings included 18 topics across the three program components (see detailed training tables below).

#### Progress toward MCHIP Indicators under Sub-objective 1

No	Indicator	Target 2012	Achievement Jan-Mar 2011	Remaining
<b>SO 1: Improved Maternal and Newborn Care Services and Practices at the Community Level</b>				
1.1	Number of districts where Community KMC established	2	0	2
1.2	Number of districts where CCM established	2	0	2
1.3	Number of national policies drafted with USG support	1	0	1
1.4	Number of functioning desa siaga or P4K committees	150	0	150
1.5	Number of Perdes established	36	33	3
1.6	Number of National level public-private partnerships promoting handwashing with soap for newborn care	1	2	0

## Number of people trained under Sub-objective 1

No	Training	Bireun			Kutai Timur			Serang			All Districts		
		Total	M	F	Total	M	F	Total	M	F	Total	M	F
SO 1: Improved Maternal and Newborn Care Services and Practices at the Community Level													
1.1	Clinical updates for Midwives	66	0	66	0	0	0	0	0	0	66	0	66
1.2	Kader Training for Kelas Ibu	44	0	44	23	7	16	0	0	0	67	7	60
1.3	Kader Training for Desa Siaga	0	0	0	48	25	23	201	5	196	249	30	219
1.4	KMC orientation for Cadre	29	0	29	0	0	0	0	0	0	29	0	29
1.5	CCM Facilitator	15	0	15	18	2	16	0	0	0	33	2	31
	TOTAL	154	0	154	89	34	55	201	5	196	444	39	405

## Progress toward MCHIP Indicators under Sub-objective 2

No	Indicator	Target 2012	Achievement Jan-Mar 2011	Remaining
<b>SO 2: Improved Quality of Clinical Services at all Levels of Care</b>				
2.1	Increased number of births occurring at facilities	10%	40%	0
2.2	Number/percentage of target facilities achieving at least 60% of performance standards	60%	24%	36%
2.3	Percentage of village midwives in MCHIP supported areas are competent in AMTSL	90%	74%	
2.4	Number/percentage of women with vaginal births who received Active management of the third stage of labor (AMSTL) at USG-supported facilities	100%	NA	NA
2.5	Number of puskesmas PONED treating complications	6	8	0
2.6	Number of district hospitals with KMC established	3	4	0

## Number of people trained under Sub-objective 2

No	Training	Bireun			Kutai Timur			Serang			All Districts		
		Total	M	F	Total	M	F	Total	M	F	Total	M	F
SO 2: Improved Quality of Clinical Services at all Levels of Care													
2.1	APN Training*	36	0	36	1	0	1	0	0	0	37	0	37
2.2	IP Training	145	26	119	112	33	79	66	17	49	323	76	247
2.3	KMC Training	33	5	28	26	3	23	34	2	32	93	10	83
2.4	Lactation Management Training	30	2	28	24	1	23	30	3	27	84	6	78
2.5	Learning Organization Training	24	3	21	15	4	11	22	3	19	61	10	51
2.6	PONED Training*	0	0	0	3	1	2	0	0	0	3	1	2
2.7	Training Evaluator for the Effect of Intervention Quality on MNCH Service	9	1	8	0	0	0	0	0	0	9	1	8
2.8	OJM for health provider	0	0	0	15	0	15	131	1	130	131	1	130
	TOTAL	277	37	240	196	42	154	308	31	277	766	110	656

\*Training cost-shared with District Health Office

### Progress toward MCHIP Indicators under Sub-objective 3

No	Indicator	Target 2012	Achievement Jan-Mar 2011	Remaining
<b>SO 3: Improved Management of the District Health System</b>				
3.1	Number of MNCH teams established at district and subdistrict level that meet regularly	15	6	9
3.2	Number of districts with MNCH plans and budgets linked to DTPS	3	3	0
3.3	Number of regular AMP meeting conducted at sub-district and district level	30	0	30
3.4	Percentage of maternal or neonatal deaths with autopsy verbal conducted	60%	50%	10%
3.5	Number of local PerDa implementation plans adopted	2	0	2

### Number of people trained under Sub-objective 3

No	Training	Bireun			Kutai Timur			Serang			All Districts		
		Total	M	F	Total	M	F	Total	M	F	Total	M	F
SO 3: Improved Management of the District Health System													
3.1	TOT Pramusrenbangdes	28	10	18	18	10	8	24	14	10	70	34	36
3.2	TOT DTPS	36	5	31	0	0	0	0	0	0	36	5	31
3.3	PTP Workshop	64	23	41	51	27	24	60	20	40	175	70	105
3.4	DTPS Workshop	26	12	14	12	6	6	0	0	0	38	18	20
3.5		0	0	0	9	1	8	0	0	0	9	1	8
	TOTAL	154	50	104	90	44	46	84	34	50	328	128	200



## Appendix 2:

SBMR baseline results from additional puskesmas and bidan di desa

